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Many professionals who work with substance-affected families consider the time limits prescribed by the Adoption and Safe Families Act (1997) to be unrealistically short. The high prevalence of substance use in child welfare cases requires professionals to quickly determine when it is safe to reunify children placed because of abuse or neglect in concert with this serious family problem. This exploratory study identified similarities and differences on different indicators of safe reunification between judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors. The study examined these professionals' rating of the importance of each indicator. Judges, caseworkers, and counselors from a large midwestern state were surveyed. All groups agreed on the importance of 15 of the 19 identified areas of functioning. Judges and substance abuse counselors significantly differed on four factors; counselors and caseworkers differed on two. Implications of the findings for practice are discussed.

The Adoption and Safe Families Act of 1997 (ASFA), in concert with the influence of alcohol- and drug-related problems on child welfare cases, has placed greater decision-making pressure on judges who hear juvenile cases, child welfare caseworkers, and substance abuse counselors serving this population. ASFA shortened the time for making permanency decisions to 12 months. This has resulted in judges who hear juvenile cases, child welfare professionals, and substance abuse counselors suggesting that the renewed emphasis on moving children to a safe and permanent

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home in a short period of time greatly challenges parents with substance use disorders (Semidei, Radel, & Nolan, 2001).

Rationale for the study

The increased pressure is partially attributable to the greater number of cases identified as involving parents with substance use disorders. For example, an investigation of the relationships among childhood abuse, subsequent adult functioning, and child placement with a sample of low-income, urban African American mothers reported substance use disorders highly correlated with child placement (Marcenko, Kemp, & Larson, 2000). Others have reported that 40% to 80% of all child welfare abuse and neglect cases involved parental substance use disorders (Young, Gardner, & Dennis, 1998). In consideration of the large number of child welfare cases involving substance-affected parents, the question is "How do key decision-makers weigh indicators for safe reunification with substance-affected parents?"

Literature review

Providing services for parents with substance use disorders is challenging. Recovery is an ongoing process beset with formidable tasks and multiple pitfalls and setbacks (Brown & Lewis, 1999; DiClemente & Prochaska, 1998; Leshner, 1997; Meyer, 1996; Miller, Gorski, & Miller, 1992). Family reunification only increases pressure by adding responsibilities recovering parents are expected to take on (Hohman & Butt, 2001). Developing healthy recovery from alcohol and drug use disorders in concert with learning skills necessary for effective parenting is difficult, and parents, primarily women, face innumerable challenges.

The literature suggests that parenting mothers recovering from alcohol and drug use disorders face multiple challenges including systemic obstacles, negative social attitudes, and traumatic personal histories. Systemic problems may include the potential conflict resulting from who is treated as the client (Karoll & Poertner, 2002a), child welfare workers' lack of skills, knowledge, or experience in working with substance-affected parents (Hess & Folaron, 1991; van Wormer, 1995), or poverty (Dore & Doris, 1997; Freundlich, 1997). Many substance-affected parenting women are financially or psychologically dependent on abusive or drug us-

ing partners (Miller & Cervantes, 1997). Stigma (Copeland, 1997; Royce & Scratchley, 1996) and society's unwillingness to release women from child-rearing obligations or management of their family's affairs (Hanke & Faupel, 1993) are attitudinal obstacles for recovering women. So too is the view that substance-affected mothers are unfit, which subjects them to societal disapproval (Baker & Carson, 1999). Society also continues to deem substance use disorders primarily restricted to men (Wilke, 1994), evidenced by treatment programs' unwillingness or inability to serve pregnant women (Blume, 1997; Finkelstein, 1993). Finally, a woman's personal history of sexual or physical abuse in childhood, adulthood, or both (Kang, Magura, Laudet, & Whitney, 1999; Marcenko et al., 2000) and an ever-present risk of relapse (Pagliaro & Pagliaro, 1999) pose other significant threats to reunification and recovery.

The current timetable for judicial decision-making in child reunification cases in concert with the multiple obstacles to successful recovery may suggest that termination of parental rights is the only logical solution. However, successful treatment for alcohol and drug use disorders, continued maintenance of recovery, and family reunification are possible given adequate time and appropriate primary and ancillary services (Miller, 1995). For example, Smith (1999) found treatment compliance increased the probability of family reunification even after accounting for continued parental drug use. In two state-sponsored projects, successful treatment for substance use disorders (Marsh, D'Aunno, & Smith, 1998) and reunification (Brindis, Clayson, & Berkowitz, 1997) were reported.

Other treatment modalities have produced successful outcomes. Residential treatment allowing substance-affected mothers to keep their infant or child with them appeared to be a promising method for improving treatment outcomes, birth outcomes, and parents skills (Clark, 2001). In another study, providing residential-style treatment to parenting mothers within their public housing milieu showed positive results. In this project, all family members received services and those who participated were more likely to remain abstinent (Metsch et al., 2001).

The literature provides little guidance for the key professionals who make reunification decisions (Fein & Staff, 1991, Maluccio, Fein, & Davis, 1994). A literature review produced no article

directly comparing the views of juvenile judges, child welfare caseworkers, and substance abuse counselors on commonly accepted criteria for making these decisions. However, some did compare legal professionals and social workers involved in the child protection system (Johnson, Day, & Cahn, 1993; Ronnau & Poertner, 1989; Russell, 1988). This study added substance abuse counselors as key professionals to the mix of those involved in making reunification decisions.

In a study of Indiana attorneys and social workers asked to identify what tasks each profession was responsible for, conflicts emerged in several role areas (Russell, 1988). The specific role issues involved decisions whether (a) the children should testify in court, (b) court agreements should be made with parents or with their legal representatives, (c) specific dispositions should be recommended to the court, and (d) the court's order and the rationale for it should be interpreted to the child's parent.

Juvenile judges, district and county attorneys, and social workers responded to a mail survey on emotional maltreatment (Ronnau & Poertner, 1989). Subjects reviewed 17 preschool and 16 latency-age vignettes (Baily & Baily, 1986), rating the severity of maltreatment depicted in each vignette and the level of intervention they deemed appropriate. Social workers agreed more often with both judges and attorneys about the severity and level of intervention deemed necessary by the vignettes than did the county and district attorneys.

A project conducted in nine Pacific Northwest counties between 1988 and 1990 was designed to reduce delays in termination of parental rights cases (Johnson et al., 1993). To clarify and reduce or eliminate conflicts, attorneys and social workers presented their expectations of the other professional's roles. Attorneys wanted social workers to (a) be objective and open-minded, (b) have a clearer concept of case objectives, (c) not take personally those cases where their position failed, (d) prepare for a case more timely, accurately, and completely, (e) be more knowledgeable of the legal definitions and process, and (f) be more competent in testifying in court. Social workers expected attorneys to (a) partake in more child welfare training at all levels of practice, (b) be more respectful and understanding of the limits in resources available to social workers, and (c) be more trusting and less adversarial (Johnson & Cahn, 1995).

Finally, to assist in the reunification decision-making process, the Miami Substance-Exposed Newborn Project created standards for judicial decision-making involving parents with substance use disorders (Larsen, 2000). Collaboration between lawyers, social workers, neonatologists, psychologists, drug and alcohol assessment specialists, and treatment providers, combined with current available literature, produced the following criteria deemed necessary for reunification of the child and parent:

> Parent has made striking progress toward recovery from drug-alcohol involvement and has verifiable plans to continue treatment; if co-morbidity was indicated, parent's psychiatric/psychological reports state that there are no serious mental impediments to parenting and parent has accepted recommended treatment; parent has consistently visited with child as permitted by the agency and treatment provider; parent has successfully completed appropriate parent skills training; a report on family strengths and/or mother-child bonding indicates that parent can offer adequate nurture for the child; a recent home assessment indicates that unhealthy factors have been sufficiently reduced to render the home safe; and child's developmental status is not so vulnerable as to make a return home perilous. (Larsen, 2000, p. 3)

Purpose of this Study

The purpose of this exploratory study was to examine how judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors weigh indicators for safe reunification with substance-affected parents. The objective was to identify how these three professional groups agreed or differed in regard to indicators they use in their reunification decision-making with cases involving substance-affected parents.

Method

To develop the survey instrument, five focus groups were conducted with judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors from a large midwestern state. Indicators of safe reunification were derived from a theme analysis of the groups' responses. This resulted in

181 indicators of safe reunification being identified. These indicators were categorized into 26 areas of functioning. Respondents rated the importance of each item from zero (low) to 100 (high).

Survey subjects were first mailed an advance-notice introductory letter announcing that they were selected to participate in this study (Salant & Dillman, 1994). A personalized cover letter with the questionnaire was mailed one week later. This was followed with a post card that served as both a reminder to return the survey and a thank you for participating. Three weeks after the questionnaire was mailed, a new personalized cover letter and survey were sent to all non-responding participants. To increase the rate of response, one more personalized cover letter and questionnaire were sent to all non-responding subjects via three-day overnight mail service two weeks after the second questionnaire was mailed.

Sample

The population of interest consisted of judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors who work with child welfare clients. The administrative office of the state's courts provided a list of 78 judges who hear juvenile cases. All judges were included in the sample because of the small number. Administrators from private child welfare agencies were asked to participate in the study and provide lists of their current caseworkers. This resulted in identification of 420 caseworkers. One third of the caseworkers (n = 140) were randomly selected for the study. The state's substance abuse certifications board provided a list of 3,500 currently certified counselors. Since this list did not include identification of those who work with child welfare clients, it was anticipated that many would not respond or would return their questionnaire unanswered. Because of this anticipated lack of response, a larger sample of 311 counselors was randomly selected.

Response rates ranged from 62% (n = 48) of the judges, 55% (n = 74) of caseworkers, to 49% (n = 113) of the counselors. Ten judges, ten caseworkers, and 19 counselors returned blank questionnaires. Reasons for not completing the survey included lack of adequate experience or never working with this popula-

tion. Finally, five caseworkers' and 31 counselors' surveys were returned as undeliverable.

The majority of responding judges were male (68.4%) while caseworkers and counselors were predominantly female (73.4% and 71.3%, respectively). Overall, the judges and counselors reported similar mean ages of 48.92 ($SD = 5.02$) and 46.00 ($SD = 9.71$), respectively. The mean age of 32.67 ($SD = 8.95$) reported by the caseworkers was considerably lower than the other professional groups.

The majority of judges identified themselves as Euro-American (n = 32, 91.4%). Two (5.7%) were African American and one (2.9%) was Hispanic. The ethnic distribution of the 74 caseworkers was 47% Euro-Americans, 40% African Americans, 5% Asian American, 5% Hispanic, and 2% Native American. Of the 113 counselors, 48% were African American, 39% were Euro-American, 9% were Hispanic, and 2% were Native American.

Ninety-two percent (n = 35) of the judges reported having a doctoral degree, presumably a law degree. The majority of caseworkers had a baccalaureate degree (62%) while 34% had a master's degree and 3% had a doctorate. Of the counselors, 62% had a master's degree, 24% a baccalaureate degree, 10% an associate's degree, and 4% completed a doctoral program.

Finally, respondents were asked to indicate the length of time they were at their current job. Overall, judges and counselors reported similar mean lengths of time of 7.2 and 6.8 years respectively. Caseworkers reported considerably less time in their current job, with a mean of 3.0 years.

Analysis

Factor analysis of respondents' rating of importance was conducted for each area of functioning. The areas included motivation, recovery, competency and reliability, social support, parenting, and legal. Within each of these areas, only items with a factor loading of .70 or greater were retained. To examine differences between the groups on mean factor scores, one-way ANOVAs were used. Post hoc multiple comparisons Tukey HSD (Tukey, 1953) tests were then conducted to identify how the groups differed.

Results

Initial factor analysis produced six areas of functioning: motivation, recovery, competency and reliability, social support, parenting, and legal (see Karoll & Poertner, 2002b for detailed discussion). The area of motivation originally consisted of eight factors, two of which had no item with a factor loading of .70 or greater and were omitted from further analysis. The remaining six factors consisted of items associated with relationships, admission of being unable to parent at the time of service initiation, shame, reason for drug cessation (single item), anger and blame, and asks for advice (single item) (see Table 1). Recovery consisted of two factors that involved the elements of the substance use disorder recovery process and drug screens (see Table 2). Table 3 reveals that the area of competency and reliability consisted of coping skills, employment, no more excuses, and supportive family living nearby. Social support consisted of three factors that were use of community resources, caseworker interaction, and church association (see Table 4). Parenting consisted of the three factors of adequate parenting skills, positive parent-child interactions, and positive use of caregiver support (see Table 5). Finally, Table 6 presents the area of legal, which was a single factor, denoted as reasonable progress.

One-way ANOVAs detected no significant differences between the groups for the majority of factors ($n = 15$). However, the groups differed significantly ($p < .05$) on four factors. Two of these factors were in the area of motivation. These factors were shame ($p < .001$) and asks for advice ($p < .004$). The groups rated employment from the area of competency and reliability as significantly different ($p < .011$). Finally, the groups differed on reasonable progress ($p < .040$), the legal factor.

When significance was detected, post hoc multiple comparisons Tukey HSD tests were conducted to determine differences between groups. Table 7 presents the group means for these factors. Judges significantly differed from both caseworkers ($p < .031$) and substance abuse counselors ($p < .001$) on the motivation factor of shame. Counselors and caseworkers ranked ($p < .01$) shame as significantly more important than judges. Also in the area of motivation, the counselors significantly differed from both

Table 1

Motivation—Items and Factor Loadings

Factor / Items	*Factor Loadings*[a]
Factor 1	
She leaves a substance-using partner to maintain recovery rather than relapsing	.881
She breaks away from an abusive relationship to maintain recovery rather than relapsing	.869
Her partner (paramour) is in treatment for domestic violence (if necessary)	.822
She stands up for her children against her partner	.809
Her partner (paramour) is in treatment or otherwise following the care plan if required	.764
She adopts the attitude that her partner must participate in services or leave	.758
She stands up for herself against her partner	.754
They attend family therapy	.746
She demonstrates motivation to stay clean	.710
Factor 2	
When she started services, she said, "I can't be a mother right now."	.763
When she started services she turned her children over to DCFS, showing readiness to work on herself	.756
When she started services, she said, "I need time out" (From the children)	.719
Factor 3	
She no longer expresses shame talking about her prison time history	.715
She no longer expresses shame talking about her drug use history	.712
Factor 4	
She decided to stop using to get her children back	.742
Factor 6	
She no longer blames the system for her problems	.829
She has gotten past her anger towards the agencies that forced her into treatment	.812
Factor 8	
She asks for advice when she does not know what to do	.717

[a] From Rotated Component Matrix

Table 2

Recovery—Items and Factor Loadings

Factor / Items	*Factor Loadings*[a]
Factor 1	
She recognizes Post Acute Withdrawal symptoms and states when they are occurring	.866
She is strong enough (prepared) to say, "Wait... I know what's happening here."	.849
She has learned her relapse pattern from her own history	.847
She states it is about learning a more effective way of meeting a need	.815
She develops new friendships	.804
She takes responsibility at vulnerable moments and lets someone know she is in trouble	.768
She has a sponsor	.751
She gives constructive feedback in group therapy by applying situations to her own experiences	.747
She shares in group therapy without much prompting	.742
She works through new problems as they arise in substance abuse treatment	.725
She identifies her relapse triggers	.718
She takes responsibility for her recovery by going to extra meetings when needed	.715
She knows how to socialize without drugs or alcohol	.714
She knows how to seek intimacy without drugs or alcohol	.707
She goes to substance abuse counseling regularly	.704
Factor 2	
She has a significant period of time with clean drug screens	.849
She has given a number of consecutively clean drug screens	.846
She does not make excuses for missed drug screens	.805
Both she and her partner had clean urine drug screens	.784
She ultimately leaves drugs behind her	.745
She stays in substance abuse treatment through completion	.738
She never tries to get out of a drug screen	.737

[a] From Rotated Component Matrix

Table 3

Competency and Reliability—Items and Factor Loadings

Factor / Items	*Factor Loadings* [a]
Factor 1	
She attends services she is referred to	.759
She completes treatment goals successfully	.754
She applies newly acquired coping skills learned in treatment to deal with stressors	.748
She exhibits positive problem solving skills without chemicals, frustration, or anger	.728
She exhibits newly acquired coping skills in her life	.725
She is taking care of her medical problems	.709
Factor 2	
She looks for work if unemployed	.765
She found a job	.762
She states her personal needs	.750
She starts working at the new job	.739
She asks for what she wants without being demanding	.712
She successfully completes job training	.703
She demonstrates improvement from program entry by holding a job and making a living	.700
Factor 3	
She does not make excuses for missing appointments	.798
She does not maker excuses for her behaviors	.792
She does not lie about her behavior	.713
Factor 4	
She has a supportive living environment with helpful relatives near by	.712

[a] From Rotated Component Matrix

judges ($p < .017$) and caseworkers ($p < .012$) for the factor of asks for advice. Counselors ranked ($p < .01$) asks for advice as significantly more important than both the judges and caseworkers.

Counselors significantly differed from both judges ($p < .039$) and caseworkers ($p < .028$) on the competency and reliability factor of employment. Counselors ranked ($p < .05$) this factor as significantly more important than either the judges or caseworkers. Finally, in the legal factor judges significantly differed

Table 4

Social Support—Items and Factor Loadings

Factor / Items	*Factor Loadings* [a]
Factor 1	
She builds and maintains positive personal relationships	.824
She has a community support system	.816
She engages agencies to help her with the children's needs and services	.778
She seeks out community resources	.758
She participates in the support system of women through relatives, friends, and church	.748
She has a support system of women	.747
She engages several community agencies to help her	.716
Factor 2	
She is cooperative with the caseworker	.838
She is open with the caseworker during unannounced visits	.828
She has a positive relationship with her caseworker and substance abuse counselor	.808
She maintains regular contact with the caseworker	.776
Factor 3	
She associates with a church	.812

[a] From Rotated Component Matrix

from counselors ($p < .029$). Counselors ranked ($p < .05$) reasonable progress as significantly more important than the judges.

Discussion

This project sought to identify similarities and differences between those working with parents with substance use disorders in regards to the importance they placed on indicators of safe reunification. Six areas of functioning were identified: motivation, recovery, competency and reliability, social support, parenting, and legal. There were a total of 19 factors within these six areas, providing evidence of the complexity of both the recovery and re-unification decision-making processes. This exemplifies the many life areas a recovering woman must successfully address and the

Table 5

Parenting—Items and Factor Loadings

Factor / Items	*Factor Loadings*[a]
Factor 1	
She makes arrangements for medical care for her children	.879
She makes sure physicals are done	.868
She makes sure dental appointments are made and kept	.864
She makes sure immunizations are up to date	.862
She makes sure the children are regularly going to school	.858
She attends all necessary appointments for the children	.858
She demonstrates ability to care for a child's special needs (if necessary)	.809
She participates in school programs with and for the children	.797
She provides food, clothing, shelter, and medical exams for the children	.776
She plans for the children's future so they will be contributing members of society	.747
Factor 2	
She wants to make contact with the children	.853
She calls asking about the children	.820
She talks with the children	.795
She encourages the children	.756
The children respond positively to her	.754
She visits her children regularly and frequently	.721
The children want to be with her	.717
She honestly becomes interested in getting her children back	.706
Factor 3	
She takes suggestions from the parenting caregivers	.782
She goes to children's doctors' appointments with the temporary caregiver	.781
Temporary caregivers give positive feedback regarding reunification prospects	.757

[a] From Rotated Component Matrix

Table 6
Legal—Items and Factor Loadings

Factor / Items	*Factor Loadings*[a]
Factor 1	
She addressed the issues and concerns that brought her other children into the system	.847
She asks things of the court and caseworker to better understand what is needed	.840
She makes reasonable progress versus reasonable efforts	.827
She is cooperative with the courts	.826
Service providers identify preventative chronic problems in mental health, emotional, physical, and dependency status, and domestic violence	.823
Service providers make every reasonable effort to gather all pertinent information for the judge to be able to make an informed decision	.809
She asks what her rights are	.781

[a] From Rotated Component Matrix

Table 7
Means for Indicators With a Statistically Significant Difference Between Groups

Factor	*Judges Mean*	*Caseworkers Mean*	*Counselors Mean*
SHAME[a]	58.19	70.71	75.66
ASKS FOR ADVICE[a]	70.79	72.18	83.34
EMPLOYMENT[b]	69.33	70.52	80.06
REASONABLE PROGRESS[b]	72.60	80.16	82.25

[a] Significant at $p < .01$
[b] Significant at $p < .05$

vast amount of knowledge key decision makers need to gather as evidence of her progress.

Overall, no significant differences were detected between the groups for the majority of factors (n = 15). In fact, with the exception of the shame factor, strong agreement between judges and

caseworkers on the importance of all factors was evident. The caseworkers ranked shame as significantly more important than judges. Counselors ranked asking for advice and employment as significantly more important than caseworkers. The major difference emerging was between the judges and substance abuse counselors. Counselors ranked shame, asks for advice, employment, and reasonable progress as significantly more important than judges. In no case did judges rank any factor as significantly more important than either caseworkers or counselors.

Judges and caseworkers seemed to agree about this population's reasonable progress in combating their substance use disorders and possible reunification prospects. They only differed in their viewpoint about clients moving beyond the shame attached to their drug use or prison history. Caseworkers placed greater importance on this element of recovery while the judges apparently did not deem this as important. This general agreement between professional groups suggests the child welfare system is sufficiently trained and attuned to the legal system's requirements for the initiation of the reunification process.

Differences regarding recovery and the reunification decision-making process were more evident with the conflicting responses between counselors and caseworkers. Counselors placed greater emphasis on the importance of asking for advice and following through on obtaining gainful employment than did caseworkers. This may illustrate possible philosophical differences in understanding the recovery process. For example, in Twelve Step fellowships, the humbling of oneself and one's surrendering to a "Power greater than ourselves" (Alcoholics Anonymous World Services, 1976, p. 59) are seen as essential indicators of successful recovery. Counselors may thus view clients' asking for help as both a humbling of oneself and acceptance of the judicial and child welfare systems as their temporary "Higher Powers" who are currently directing an important aspect of their lives. Professionals in the field of substance abuse also consider taking responsibility for oneself a positive step towards full recovery. Clients' following through on securing gainful employment may have been viewed as more important to counselors than caseworkers because it demonstrated a willingness, readiness, and active role in taking responsibility for oneself.

The major differences emerging between judges and substance abuse counselors provide the greatest potential obstacles in the reunification decision-making process. The major obstacle is a gap in communication arising from philosophical differences regarding clients' growth and demonstrable reasonable progress. By placing greater importance on the elimination of shame associated with past behaviors and asking for advice (humbling oneself), counselors demonstrated their reliance on experiential as well as behavioral indicators of recovery. Counselors' reliance on experiential growth is in accord with DiClemente and Prochaska's (1998) transtheoretical model of change. This model purports that in the earlier stages of change (precontemplation and contemplation) clients seeking to modify their behavior are engaged in more experiential than behavioral processes of change. These experiential processes include consciousness raising (gaining knowledge of self and the problem), emotional arousal (experiencing and expressing feelings), and self-reevaluation (assessing feelings and thoughts). During the last decade this model, particularly the stages of change, has become evidence-based practice (Center for Substance Abuse Treatment [CSAT], 1999; Dunn, 2000).

Similar to caseworkers, counselors ranked shame and reasonable progress as significantly more important than judges. Further, counselors ranked asks for advice and employment as significantly more important than both judges and caseworkers. According to the factor analysis, clients' reasonable progress ranged from cooperating with the judicial system to asking what their rights were (see Table 6). Addressing shame, making reasonable progress, and securing gainful employment all relate to self-care and self-responsibility. Furthermore, someone in recovery who asks for advice suggests a humbling of oneself and willingness to seek help. As noted, these are viewed as considerably important positive steps in the field of substance abuse.

Those in the field of substance abuse placed greater emphasis on experiential changes but the same on behavioral changes, while judges and caseworkers focused primarily on measurable behavioral changes. What the counselors deemed as significant progress, the judges, and to a lesser degree the caseworkers, placed less emphasis on. This may result in counselors providing information that represents little value to the key players making

the reunification decisions. In turn, this can put the client at greater risk for permanently losing her children. Counselors need to understand the judges' and caseworkers perspective. These professionals face serious repercussions if their decision to return a child to its mother results in grave harm to the child or its death. Judges and caseworkers thus require evidence of objective measurable behavioral changes by the mother to justify their decision to reunify.

On the other hand, it would be advantageous for judges and caseworkers to have a better understanding of the recovery process. Recovery from alcohol and drug use disorders is as much about experiential growth as it is behavioral changes (Brown & Lewis, 1999; Miller et al., 1992; Perkinson, 1997; van Wormer, 1995). Experiential growth is particularly relevant in the earliest stages of the change process (CSAT, 1999; DiClemente & Prochaska, 1998; Dunn, 2000). Those exhibiting the experiential processes of change need to be viewed as making progress in addressing their substance use disorders.

Several limitations are evident with this study. The survey instrument had a large number of items (181) and required a fair amount of time and commitment to complete. It is conceivable that some respondents lost interest and did not consider each item carefully. While the response rate from the different professional groups was good, the opinions of those not responding are an unknown. Furthermore, because this study was conducted within one large midwestern state, the ability to generalize the findings is limited. Finally, these findings were not empirically linked to outcomes for parents with substance use disorders or their children. However, the results are a good representation of practice wisdom and may be useful in future investigations.

Implications

Identifying 19 factors for needed growth within 6 areas of functioning illustrates the many life changes a recovering mother must make to put her in a position to initiate the reunification process. These findings provide a valuable roadmap for cross training between key professional groups involved in the reunification decision-making process with substance-affected parents.

Throughout the treatment process, substance abuse counselors may become the safest people to confide in because they probably do not report directly to the judge as child welfare caseworkers do. Counselors must be able to communicate a client's progress in a way that is meaningful to child welfare caseworkers and judges. To do so, they will need to learn more about what the judicial and child welfare systems view as important growth indicators. This will allow counselors to effectively convey clients' progress to reunification decision-makers and to integrate the information in the treatment process. This may help the client better understand the systems' expectations of her while simultaneously easing potential friction arising between the client and the judges, caseworkers, or both.

This may be accomplished through an interagency treatment team approach as suggested by Karoll and Poertner (2002a). In this approach, a treatment team of six to eight child welfare caseworkers and one substance abuse counselor work with their assigned clients over two years, co-facilitating education classes, group therapy, and continuing care groups. Through this form of interagency collaboration and working more closely together, each member will acquire insight about the roles, responsibilities, and agency expectations of the other. Thus, by gaining a greater appreciation of the other's philosophical underpinnings, the ultimate goal of providing better services may be attained.

Conversely, the findings suggest that judges may benefit from additional exposure and education about the process of recovery from substance use disorders. Dill and Rivers (1988) found that judges involved in an alcohol education program conducted in treatment centers reported they gained more helpful information than they had expected due to the hands-on exposure with the clients. Due to the hierarchical power structure inherent between the judicial system and the child welfare and substance abuse professionals, it may be best to secure the help of recovering professionals to speak with the judges. Recovering professionals such as judges, lawyers, doctors, and politicians may have a better chance of being accepted and heard by judges than those typically in the substance abuse field. Their higher status would put them on a more equal footing with the judges.

Moreover, those willing and comfortable in sharing their own

stories would treat this experience as "Twelfth Step" work (Alcoholic Anonymous World Services, 1976). That is, it would be seen as passing on the message to others. A prime example of this is the late Senator Harold Hughes. He shared his experiences as someone recovering from an alcohol use disorder in his autobiography (1979). More importantly, as Iowa's state senator, Hughes mobilized public and political support to establish federal funding for treatment through the Hughes Act of 1970 (van Wormer, 1995). In today's more open society, others in recovery may also become willing to partake in this form of in-service educational seminar as a facilitator.

Conclusion

The presence of parents with substance use disorders in the child welfare system places greater strain on an already overburdened system. Policy shortening the time span for this population to demonstrate reasonable progress has negatively affected the reunification process. Further, a lack of education of different professional groups involved with this population and the lack of agreement as to what constitute important indicators of growth and safe family reunification hinders this process.

In general, this exploratory study found that judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors agreed on the importance of 15 of 19 areas of functioning regarding the recovery process and reunification. This speaks highly of the efforts made by caseworkers and counselors to understand what the judicial system views as significant in the reunification decision-making process. Future research will need to empirically validate this scale of indicators as a predictor of successful reunification.

While these diverse professional groups rated many indicators similarly, differences were reported that fit with the professionals' role and contact with the client. Major differences between counselors and judges, and to a lesser degree caseworkers, emerged that provide a guidepost for further cross training. To serve this population more effectively in the time allotted, the judicial system, child welfare agencies, and substance abuse treatment facilities need to develop mechanisms that increase the

amount of contact and information that is shared across organizations. This may be facilitated by an interagency team approach between the child welfare system and local treatment program and with the assistance of recovering professionals willing to share their personal recovery experiences with the judges.

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